



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

Advisory Committee on Pain and Symptom Management Meeting Minutes

February 21, 2008

Members in attendance:

Melanie Brim, Chairman
Ruth Ann Brintrnall, Ph.D.
Dennis Dobritt, D.O.
Jean Friend
Alan Lewandowski, Ph.D.
Karen Ogle, M.D.
John Pappas, M.D.
Claire Saadeh, Pharm.D, BCOP
Maria Silveira, M.D.
Michael A. Stellini, M.D.

Representing

Michigan Department of Community Health
Grand Valley State University
Michigan Board of Osteopathic Medicine and Surgery
Public Member
Michigan Board of Psychology
Michigan State University
Michigan Board of Medicine
Michigan Board of Pharmacy
Michigan Hospice and Palliative Care Association
Wayne State University School of Medicine

Members absent:

Daniel Clauw, M.D.	University of Michigan
Jack Gobetti, D.D.S.	Michigan Board of Dentistry
Lawrence Prokop, D.O.	Michigan State University

Visitors in attendance:

Susan Affholter, Michigan Cancer Consortium
John Barnas, Michigan Center for Rural Health
Henry Beckmeyer, D.O., MSU/College of Osteopathic Medicine
Carol Garlinghouse, Michigan Cancer Consortium
Tracy Johnson, Van Buren/Cass District Health Department
Ed Rivet, Michigan Right to Life
Jeff Towns, Michigan Hospice & Palliative Care Association
Robert Zalenski, M.D., Wayne State University

Department staff in attendance:

Perry Bell
Steve Creamer
Tanya Dunckel
Robert Ulieru
Michael Wissel, R.Ph.

Meeting was called to order at 9:35 a.m.

Welcome and Introductions:

Melanie Brim, Director, Bureau of Health Professions, introduced herself and requested that ACPSM members and department staff introduce themselves.

Minutes from the November meeting were approved.

Melanie briefly described the status of the proposed Pain Management and Palliative Care Coordinator position. The position is on track for approval, although it may be delayed due to hiring limits within the department. A steering committee is being created to develop a fiscal year 2008-2010 strategic plan.

Melanie reviewed the preliminary FY 2008 ACPSM Report that has been submitted to Michigan Department of Community Health Director Janet Olszewski. The preliminary report contains historical information regarding the ACPSM and summarizes its recent work. An expanded report will be submitted to the ASPSM for approval later this year.

Workforce Section Staff Updates

Steve Creamer welcomed Jean Friend and Michael Stellini as new members. He also gave the following update: 1) Among Osteopath appointments, Dr. Haughn resigned (MOA has sent us a suggested replacement- the Osteo. Board will consider this before the next meeting); Dr. Dobritt will continue on the committee.

2) Michigan Academy of Physician Assistants has sent a suggestion for a PA (the PA Task Force will consider these before the next meeting). 3) MSMS was sent a letter asking for nominations for an MD pain specialist and an MD primary care physician. 4) Letters of reappointment for Governor appointees (Ogle, Prokop, Silviera, Clauw, McCall) and new appointment (Friend) for Governor appointees were sent from MDCH indicating an expiration date of July 31, 2008. 5) Letters were sent to Board appointed members (Saadeh, Gobetti, Dobritt, Lewandowski) to indicate an expiration date of July 31, 2009. 6) Letters from the MDCH Director were sent to all Governor appointees and re-appointees (Ogle, Prokop, Silviera, Clauw, McCall, Friend). 6) Formal communication to Dr. Stellini will be sent in March confirming his appointment.

Steve asked if anyone knew of student's or student groups that would be interested in assisting with research on pain management at the Bureau. He asked that he or Melanie be notified of any potential candidates. (BRFS) Behavioral Risk Factor Survey sub-study data was offered. Susan Affholter suggested that the committee explore what kinds of investigations are needed. Claire Saadeh stated pharmacy residents might be

a possibility for this kind of assistance. She asked if residents could use data from the studies for personal/academic work. Melanie stated that as long as the material contained only de-identified data, this should be possible. Carol Garlinghouse mentioned that she has been working on prostate cancer patient studies; that information is expected to be completed soon and would also be a potential data source.

Steve asked attendees to look at the Pain and Symptom Curriculum database and the draft letter recommending implementation of the IASP Curriculum. He stated that the Bureau is ready to send out the letter to the schools listed, but would like feedback on the proposed letter by 3/07/08.

Steve reviewed the Annual Legislative Report handout showing FY 2007 allegations against physicians. Allegations for undertreatment or inappropriate treatment are not specifically shown, but rather are included in the "incompetence/negligence" category. Other allegations against physicians relevant to pain medication are in categories "substance abuse" and "drug diversion".

There was a question as to who can file an allegation. Melanie explained that an allegation can be filed by various individuals or organizations, including but not limited to, a hospital, health provider, pharmacy, law enforcement organization or individual, or patient. Melanie shared concern that the number of allegations filed against health professionals in Michigan is quite low compared to other states. Jean Friend suggested that it should be easier to file an allegation.

MAPS Update and Related Information

Mike Wissel provided an update on the MAPS program. He presented data from the 2006 annual report as the 2007 report has not yet been completed. Based on the data, it appears that end of life care, as it relates to pain management, has not changed much from 2002 to 2006. Mike noted that MAPS data provides some insight into the management of end of life care; however, it does not represent the whole picture. He noted that the volume of Hydrocodone prescriptions has increased for the third year in a row.

Mike noted that the Department is pursuing a grant to help fund production of an educational DVD on chronic pain management, conduct educational programs for physicians, and to provide patient intervention. Assuming that funding is available, these activities will be implemented in 2009. There was discussion about these materials being mailed out by the Bureau with licenses. Melanie stated that mailing additional materials with license documents is difficult because of the method used by the State to mail out licenses. One of the attendees stated that it is his belief that over-prescribing is the major issue today and that before 2001, the major issue was under-treatment. Mike stated that physician education is one of the main issues the Department is trying to address through these initiatives.

There was discussion about the ongoing problem with Internet pharmacies including the ease with which controlled substances are obtained over the Internet and the difficulties

encountered trying to regulate the pharmacies since most are off-shore entities over which the State has no jurisdiction.

Status of Implementation of the 2002 Recommendations/Proposed Recommendations

Steve Creamer led a discussion on the status of implementing the 2002 recommendations, and any new recommendations. All recommendations in the category of ACTION TAKEN/INCOMPLETE (#3, 4, 6, 8, 11, 15) and NO ACTION TAKEN (#5, 7, 10, 14, 16, 18) were discussed in terms of whether the committee is satisfied with what has been done, if further work is warranted, if the recommendation is still relevant, and further suggestions.

#3 and 4: The PSM website partly satisfies this recommendation. Mike Wissel suggested putting the completed DVD on our website. The palliative care efforts, if approved, would provide materials.

#6: The IASP Curriculum guidelines will be sent to all relevant educational programs in March, 2008. The curriculum guidelines could be placed on a Continuing Education section created on the PSM website (to be further discussed).

#8: This is complete (Pain Management. CE requirements have been added for Nurses, Dentists, Chiropractors; pharmacy and the medical boards are moving forward with these). The Department will continue advocating for PM as boards adopt the "continuous professional development" requirements.

#11: The Bureau will be proposing the adoption of the revised Federation of State Medical Board (FSMB) PSM guidelines by the four boards that previously adopted the FSMB guidelines. FSMB is also in the process of distributing a new book on pain management to states that are interested. The Bureau will be working with FSMB to make this resource available to Michigan physicians.

#15: No action has been taken but it was agreed that this was still a valid issue. It was stated that while it would be beneficial for there to be a readily available supply of schedule 2 medications, smaller pharmacies are concerned about the expense of procuring stock that may not be dispensed, and urban pharmacies have concerns relating to theft. It was asked if there was data listing the overall quantity of stolen schedule 2 medications in Michigan. Melanie stated she would ask Greg Baran from MPA and Harvey Schmidt from the Board of Pharmacy to attend the next meeting. The Department will continue working with pharmacies/Pharmacy Board to encourage stocking adequate supplies of schedule 2 pain medications and have arrangements with other pharmacies to get the medication when supplies are low.

#5: The Committee discussed whether the Joint Commission standards are applicable to all clinical settings. It was suggested that other standards (American Pain Foundation, LTC standards, etc) might be applicable to certain treatment settings.

#7: The recommendation regarding establishing a legislative grant should be eliminated, but pursuing research into the impact of implementing the PSM model

curricula might be pursued. Steve will keep the ACPSM apprised of any feedback received from the training programs regarding PSM curriculum, and will send out follow up email communication to the schools regarding their response to the recommendations.

#10: Only 9 of 23 Boards require CE. Melanie will provide the ACPSM with a list of boards next time. This goal could be pursued in FY 2008 by working with boards to advocate for PSM training even if CE is not required for license renewal.

#14: The committee thinks it is still important to make sure there is adequate coverage for pain medication. This discussion will be tabled at a later meeting. There was discussion regarding the difficulty Medicaid participants have refilling opioid prescriptions due to changes in Medicaid regulations. Melanie will invite someone from the Medicaid Program to address this issue at the next meeting.

#16: The recommendation that the department should promulgate rules that would require pharmacies to assist patients in finding adequate supplies of medications within a reasonable time when the pharmacy is unable to fill a valid prescription as presented. This recommendation will continue to be pursued.

#18: It was recommended that the department and the boards adopt and publicize statements that under-treatment of pain is as serious of an offense as any other inappropriate treatment of pain for physicians, dentists, nurses, and pharmacists. This recommendation is important to the committee and will be discussed at the next meeting.

Steve will be working on the final report later, which will include actions addressing the 2002 recommendations and as well as development of new recommendations.

Next Steps/Adjournment:

Melanie will invite a Medicaid representative, Greg Baran from MPA, and Harvey Schmidt from the Board of Pharmacy to attend the next meeting. She will also bring a list of the boards that do not require continuing education. Steve reminded attendees to submit feedback to him by 3/07/08 regarding the proposed curriculum letter and the Pain Management Curriculum database. The revised letter will be sent to the institutions listed shortly after that date.

The meeting was adjourned at 12:04 p.m.

The next meeting is May 22, 2008, 9:30am to 12pm.

Approved by: _____
Melanie Brim Date